FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6). AND/OR 209

SEC USE ONLY Serial DATERECEIVED

UNIFORM LIMITED OFFERING EXEMP	TIÓN L
Name of Offering (Check if this is an amendment and name has changed, and indicate change.) Placement of up to \$5,000,000 in Class A Membership Units	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	05057695
Las Vegas Highrise Fund, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) 10329 Marc Kahre Avenue, Las Vegas, NV 89129	Telephone Number (Including Area Code) (702) 275-2073
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Acquisition, management, and sale of pre-construction and existing highrise condominium and con	ominium/hotel units in the Las Vegas area.
	ease specify): Limited-liability Company
Month Year Actual or Estimated Date of Incorporation or Organization: 0 1 0 5 X Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	ated Processes Jun 15 200 5
GENERAL INSTRUCTIONS	THOMSON
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).	FINANCIAL r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ⊠ Beneficial Owner X Executive Officer Director General and/or Managing Partner Goodman, Adam L Full Name (Last name first, if individual) 10329 Marc Kahre Avenue, Las Vegas, NV 89129 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	i in in	4			, DB. I	VEORMAT	IONABOL	T OFFERI	NG E				
1.	Has the	icener cold	l, or does th	ne issner i	ntend to se	ll to non a	coraditad i	nuaatara in	this offer	in a O		Yes	No
4.	1143 1110	133401 3010	i, or does ii			Appendix				-	•••••••••••••••••••••••••••••••••••••••		
2.	What is	the minim	um investn			• •						e 50	000.00
.	W 1141 13	ine minim	um mvosm	ione mai v	in be acce	pica nom	mry marvia	.uai :	***************************************	••••••	***************************************	Yes	No
3.	Does th	e offering	permit joint	t ownershi	p of a sing	le unit?						7	
4.											irectly, any		
	If a pers	on to be lis	ted is an ass	ration for s sociated pe	rson or age	or purenase int of a brol	ers in conne cer or deale	ection with r registered	sales of sec I with the S	curities in t SEC and/or	he offering. with a state		
	or states	s, list the na	ime of the b	roker or de	ealer. If mo	ore than fiv	e (5) persoi	is to be list	ed are asso	ciated pers	ons of such		
			you may s		e informati	on for that	broker or	dealer only	′. 				
rui	I Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	umber and	d Street, C	ity, State, Z	Zip Code)		<u> </u>				<u></u>
No	ne of Ass	registed Dr	oker or De	nla#									
	ne or Ass	ociated Di	OKCI OI DC	aici									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)			•••••				☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	[GA]	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (Last name	first, if indi	vidual)				-			··········		
Bus	siness or	Residence	Address (N	Number an	d Street, C	lity, State,	Zip Code)						-11
Nai	ne of Ass	sociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	•••••	•••••	••••••			••••••	☐ Al	l States
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	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC]	ND	OH	OK	OR	PA
	RI	SC]	SD	[TN]	TX	UT	VT	VA	WA	[WV]	[WI]	WY	PR
Ful	l Name (Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)	.,,					
Naı	ne of Ass	ociated Br	oker or Dea	aler									
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Sta			Listed Has										1.04.4
	(Check	"All States	" or check	individual	States)	•••••		*****	••••••		••••••	☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

. ** C. OBEDRING PRICE: NUMBER OF INVESTORS, DEFENSES AND USE OF PROCEEDS:

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
		<u> </u>	
	Debt		
	Equity\$		\$
	Common Preferred		
	Convertible Securities (including warrants)		\$
	Partnership Interests\$		<u>\$</u>
	Other (SpecifyMembership Units)\$	5,000,000.00	\$ 100,000.00
	Total\$	5,000,000.0	\$ 100,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$ <u>100,000.00</u>
	Non-accredited Investors	N/A	\$0
	Total (for filings under Rule 504 only)	1	\$ 100,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		-
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$N/A
	Regulation A	N/A	\$N/A
	Rule 504	N/A	\$ N/A
	Total	N/A	\$ N/A
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		·
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ 1,000.00
	Legal Fees	······	\$ 32,000.00
	Accounting Fees		
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	-	, <u></u> \$
	Other Expenses (identify) Finders' Fee/Misc Expenses	-	\$ 98,000.00
	Total	***	\$ 133,000.00

Á	10, OFFERING PROCESSUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCWEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	ring price given in response to Part C — Question 1 - Question 4.a. This difference is the "adjusted gross		\$ <u>4,867,000.00</u>
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	<u>-</u>		
	Purchase, rental or leasing and installation of ma	_		<u> </u>
] \$. 🗆 \$
	Construction or leasing of plant buildings and fac	cilities] \$	\$
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass	ets or securities of another	~ .	— •
		·····		
			-	
				
]\$. 🗀 🎾
		[]\$. []\$
	Column Totals			\$4.867,000.00
	Total Payments Listed (column totals added)		□ \$ <u>4,8</u>	867,000.00
4	A STATE OF THE STA	D-FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furnished by the issuer to any non-accordance.	rnish to the U.S. Securities and Exchange Commiss	sion, upon writte	n request of its staff,
Iss	ner (Print or Type)	Signature	Date //2	
La	s Vegas Highrise Fund, LLC	Ulla /both	6/5/	05
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Αc	am L. Gooman	CEO and Managing Member of Las Vegas F	lighrise Fund	LLC
_			<u> </u>	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

L. STATE SIGNATURE	e.	بودر و
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Las Vegas Highrise Fund, LLC	110hm /bosh 6/3/05
Name (Print or Type)	Title (Print or Type)
Adam L. Goodman	CEO and Managing Member of Las Vegas Highrise Fund, LLC

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	a			AP	PENDIX				
1	Intend to non-a investor	2 I to sell accredited s in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOI (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK			The state of the s						
AZ		XX	Class A Membership Units; up to \$5,000,000						XX
AR									
CA		XX	Class A Membership Units; up to \$5,000,000						XX
СО		XX	Class A Membership Units; up to \$5,000,000						XX
CT									
DE									
DC							_		
FL									
GA									
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ME			Ann annual						
MD									
MA									
MI									
MN									
MS									

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	to non-a	I to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited					
МО										
MT										
NE										
NV		XX	Class A Membership Units; up to \$5,000,000						XX	
NH										
NJ					· · · · · · · · · · · · · · · · · · ·					
NM										
NY										
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	, ,	•	Time of sometime						Disqualification		
	Intend	l to sell	Type of security and aggregate					under State ULOE (if yes, attach			
		ccredited	offering price		Type of investor and				ation of		
		s in State -Item 1)	offered in state (Part C-Item 1)		amount purchased in State (Part C-Item 2)			waiver granted) (Part E-Item 1)			
	(Latib	Terretaria	(Tart C-Item 1)	Number of	(1 <i>i</i> i i	·		Tarth			
State	Yes	No		Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
	1 (3	110		Investors	Milouit	III V CSCO13	Zimount	103	110		
WY											
PR							-				